Summer Series on Aging/White House Conference on Aging
Post-Event Summary Report
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Post-Event Summary Report

Name of Event: Summer Series on Aging and White House Conference on Aging
Date of Event: June 28, 2005
Location of Event: Radisson Hotel, Lexington, Kentucky
Number of persons attending: 70
Sponsoring Organization(s): Sigma Phi Omega, Gamma Mu Chapter and Sanders-Brown Center on Aging
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The 2005 White House Conference on Aging is intended to produce policy recommendations to guide national aging policy over the next decade, focus on opportunities and challenges presented by the "new" 60+ population of 78 million, as well as consider issues that impact the mature older population. The 2005 WHCoA, "The Booming Dynamics of Aging: From Awareness to Action", is seeking input from a wide array of stakeholders as they develop an overarching agenda and develop resolutions to be voted on by the delegates this year.

The event was conducted at the annual Sanders-Brown Summer Series on Aging, a conference attended by professionals working in aging services and policy makers from 15 different states. After attending a general session explaining the WHCoA, participants selected one of 3 input sessions: Livable Communities, Health, and Long-Term Living; Health Promotion and Disease Prevention; and Chronic Disease Management. Sessions were conducted by advanced doctoral students in gerontology with facilitation experience.

I. Livable Communities, Health, and Long-Term Living

The burgeoning number of older adults in our society presents a tremendous challenge to community leaders and policy-makers as they contend with meeting the needs and desires of this important group. While this demographic shift may signal an approaching crisis, great opportunity exists for the development of novel perspectives and solutions. The nascent movement to establish *livable communities* in which people of all age groups can live and thrive is a creative and promising proposal in response to this challenge. The following paragraphs outline the issues and barriers surrounding the creation of livable communities and present several solutions in response to these concerns. The three primary issues are: Lack of definition, lack of public awareness and information, and a lack of community planning and funding.

Issues and Barriers

- *Lack of Definition* – Defining precisely what constitutes a livable community appears to be a stumbling block that prevents a universal understanding of the concept.
- *Lack of Public Awareness and Information* – There remains a lack of public awareness regarding the approaching crisis that the aging of the population presents for communities. This lack of awareness will remain a barrier to action until citizens and community leaders recognize the challenges and opportunities presented by this

impending crisis. Community leaders and citizen activists currently lack information on the proper channels for raising the issue of creating livable communities and who to contact to initiate action.

- *Lack of Community Planning and Funding* – It is essential for community leaders and planners to understand and plan for the needs of the increasing number of older adults in their communities. This includes a comprehensive inventorying of present and future available resources. The vast majority of communities currently lack any form of planning for this demographic shift. Despite several promising initiatives (e.g., Partners for Livable Communities), communities continue to lack the funding necessary to start planning for livable communities.

Solutions

- *Define the Term* – A comprehensive definition of the term "livable communities" should be developed to facilitate a universal understanding of the concept. The definition should encompass the following dimensions: housing, healthcare, safety, transportation, education, cultural opportunities, workforce development, land use planning, and spiritual fulfillment.
- *Increase Public Awareness* – Citizens and community leaders must be made aware of the challenges that the aging of our population presents and the ideas, programs, and resources that are available in response to this demographic shift. The establishment of a national information clearinghouse under the auspices of a federal agency (i.e., HUD) would be a positive step to increase public awareness and educate citizens and community leaders.
- *Provide Seed Funding* – As previously stated, parties interested in planning for and establishing livable communities often lack the start-up funding to initiate action. The provision of small, federal seed grants in support of the planning stages for livable communities is a cost-effective solution to this problem.
- *Establish Coalitions* – Establish coalitions between citizen activists, community governments, and state and federal agencies. These nexuses would provide a broad base of support for initiating actions and obtaining funding on a number of levels.
- *Initiate Planning* – Develop and disseminate templates of successful plans and initiatives for establishing livable communities. The inclusion of city planners and administrators is essential in this planning phase. While a 'one size fits all' strategy may not be appropriate, creating plans for several different categories of communities (e.g., urban, suburban, rural) would provide a basic blueprint of the essentials for planning for livable communities.

II. Health Promotion and Disease Prevention

In the present paradigm, our society approaches medicine from an "illness perspective" rather than a "wellness perspective. There is a distinct advantage to reframing the perspective, namely an increased focus on preventive measures and emphasis on establishing and maintaining healthy behaviors. While this may cost more initially, in time it will almost certainly reduce costs. In light of this, our group identified Lifestyle, Wellness Programs, and Access to Health Care as the salient issues in health promotion and disease prevention.

Issues and Barriers

- *Poor Lifestyle Habits* – Poor health habits, including the issues of diet, physical activity, sleeping, substance use and abuse (e.g., tobacco, alcohol, illicit and prescription drugs), contribute to poorer health of present citizens. Perceived barriers to a healthy lifestyle include, but are not limited to: a lack of knowledge as to what comprises a healthy diet which is compounded by health risk factors and disease states such as diabetes or cardiovascular disease where diet is essential to overall health and well-being. Lack of knowledge concerning physical activity, exercise, and the known health benefits often result in seniors not engaging in the right types or amounts of exercise. Insufficient income and lack of access to healthy and nutritious foods contribute to poor lifestyle and health behaviors.
- *Lack of Education* - There is not enough emphasis placed on the importance of exercise and activity in relation to mental and physical wellbeing. There is also a lack of societal emphasis on exercise and healthy lifestyles.
- *Lack of Access to Health Resources* – For elders, finances are often a barrier to receiving health care and wellness promotion. Memberships at local health and fitness clubs are often cost prohibitive for the senior adult budget. Transportation is also a key issue and many communities lack sufficient numbers of health care providers. Often there is no continuity of care (e.g., multiple prescribing physicians) which can result in increased risk of drug-drug interactions for which any given physician may be unaware.

Solutions

- *Continued Development of Government programs* – Expansion of public programs such as Women, Infants, and Children (WIC) could provide vouchers or food for elders. This could be designed to include an educational component, support groups, and routine testing. While expansion of such programs may be costly in the long run, it will save money in the long-run.
- *Increased Public Education* - Education should be provided to all ages, beginning in the educational system at the elementary school level and should include availability of nutritious foods in all schools and government sponsored senior centers. Educational materials could be disseminated through physicians' offices, senior centers, health fairs, health and fitness centers. Programs can be tailored to specific chronic health conditions and those which can be ameliorated by changes in diet. Programs designed to assist with cessation of smoking, drug addiction, and alcohol use need to be advertised and supplemented with education and follow-up.
- *Implementation of Wellness programs* - Wellness includes not only biological fitness and healthy lifestyle, but also social, cognitive and mental health. It is well known that exercise increases cardiovascular function, can improve mood, and is an opportunity for social interaction. The medical field is, by its very nature, disease and illness oriented, and the emphasis is on treatment rather than prevention. Wellness programs potentially present a cost effective means of avoiding debilitating illnesses and the costs attached thereto.
    - Public Broadcasting could provide a "sit and be fit" or other appropriate exercise program for those who are homebound, but wish to increase their activity level.
    - Employer sponsored work-based exercise programs which might be expanded to include elders in the immediate community (e.g., walking at lunch time –

alternate who walks more slowly with the elder). Tax breaks could be offered as incentives to those companies and corporation who offer wellness programs to their employees. Utilize Parish Nurse programs to emphasize the importance of exercise and activity at all stages of life

- *Provisions for Health Care Access* - Health clubs could offer discounted rates to seniors, or ask members to sponsor an elder. Offer elders who belong to and attend health and fitness clubs a discount on their Medigap coverage. Integrate exercise programs, health fairs, and fitness promotions through community senior centers. Additional ideas include:
    - Recruit retired physicians and nurses to volunteer to serve in under served areas, offering the incentive of paying their malpractice premiums. Governmental subsidies could be offered in order to pay some portion of the educational costs of physicians who serve in rural, frontier, and other underserved areas of the nation.
    - Public service announcements on both television and radio that provide information on Medicare and Medigap eligibility along with contact information for where and how to receive more information.
    - Creation of an electronic Medicare/Medicaid/Insurance card with comprehensive information on health conditions, physician, and current prescriptions in order to ensure continuity and accuracy in care.

III. Chronic Disease Management

As the United States population is living to older ages, the proportion of the population living with age-related health conditions is increasing. With the cohort of baby-boomers reaching retirement age in the coming years, the concern of disease management is veritable. The management of health care has great implications for the general health care system, Medicare/Medicaid, Private insurers, employers, and families. Employers may anticipate more employees utilizing leave time to care for ailing family members as well as utilizing the Family Medical Leave act, which can result in lowered productivity. The primary three areas identified through this session include: Patient Healthcare Information Management, Innovative Healthcare Delivery Methods, and Funding.

Issues and Barriers

- *Lack of Patient Healthcare Information Management* – This task group noted the E-Health Bill & Mongiardo Bill, and emphasized the need for a concise and accurate medical records and electronic data system to assist physicians and pharmacists in providing continuity and accuracy in care to all patients. Not only will it enable physicians in providing better care, it will assist individuals in coordinating medical records and shorten time to treatment with regard to specialist referrals. The group also commented on various residual effects that were the result of HIPPA regulations. For example, physicians need permission to talk to other physicians and people often don't want their names on documents because of HIPPA regulations.
- *Ineffective Healthcare Delivery Methods* – There is a need for accurate and reliable public information sources (e.g. NIH, CDC) and ease of access for senior adults. There are often difficulties in communication and case management among primary and specialty care

physicians and insurers. Additionally, there is a lack of information about health promotion in the senior adult population, particularly in rural areas where access to information is more difficult.

- *Ineffective Funding Strategies* – The current medicare policies benefit pharmaceutical companies more often than elders in need of care. Pharmaceutical costs are often exorbitant and will greatly impact (potentially bankrupt) private insurers in the coming years. At present, many seniors are ordering medications from Canada and Mexico, removing revenue from the U.S.

Solutions

- *Establishment of an Electronic Medical Record database*- this could be tested at present by developing such a database with veterans (for example the VA- E-vet bill which gives veterans access to their medical records, veterans have access to their own medical records with a passwords) prior to implementation with the greater population. Provision of innovative portable data storage devices (such as jump drives, memory sticks, or insurance cards) could be provided to Medicare recipients and this would enable individuals to transport their medical records easily between physicians and pharmacists.
- *Implement Case Management Groups* – Physician and clinician education should include case management, disease prevention, and interventions particularly for high risk groups, including elders. Primary care physician offices could establish staff positions (i.e. Patient Care Coordinators) whose responsibilities would include providing and ensuring linkages with specialists, educational/support groups, and in-home or supportive care. Additionally, care coordinators would follow-up with referrals to facilitate appropriate exchange of medical reports, test, results, and adequate follow-up. Appropriate and up-to-date information on health conditions, testing procedures, and treatments would be provided from reputable sources (such as NIH, CDC). Increased access and use of telemedicine resources could be used to assist physicians and clinicians in rural areas.
- *Revisions to Medicare/Medicaid/Insurance* – Revisions to the current policies were recommended, particularly where pharmaceuticals were concerned. Investigation into the efficacy and pricing of foreign drugs as well as governmental oversight for fair pricing of pharmaceuticals is recommended.

In summary, communities across the United States would benefit from an inventory of the resources (fiscal, physical, and service) present in each one and both current and projected needs of community residents. A proactive, yet dynamic plan incorporating the use and feedback of city planners, government agencies, resident task forces, and service providers will enable communities successfully anticipate and meet the needs of their residents. With the assistance of public information outlets and expansion of existing public programs, citizens are more likely to receive accurate instruction on how to modify their lifestyles and health behaviors, seek appropriate assistance from existing resources, and improve overall health. Changes from an ‘illness’ to a ‘wellness’ model of health care provision and resources may be costly at the outset, yet will reduce medical costs as the population ages. Enhancement of healthcare information systems, including a comprehensive database for health information, will ensure continuity of care and prevent potentially harmful pharmaceutical interactions.